STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

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PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE I. Name of Lobbyist(s) II. Name of lobbyist's partnership, firm or corporation, if any: (Name of partnership, firm or corporation) Business Address: (Town/City) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: Federation of State, County and Municipal Employees APS (ME Council 93)
(Full Name of Client as it appears on the Lobbyist Registration Form) OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. April 26, 2017 🗍 July 26, 2017 \Box IV. Date of Report activity from date of registration to 3/31/17 activity from 4/1/17 to 6/30/17 Reports cover: January 31, 2018 October 25, 2017 activity from 10/1/17 to 12/31/17 activity from 7/1/17 to 9/30/17 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: ☐ If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement ☐ If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:	
Name of Lobbying partnership, firm, or corporation:	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to particular client): AFSCME Council 93	o any
Date of Report (check one):	
April 26, 2017 □ July 26, 2017 □ October 25, 2017 □ January 31, 2018 ☑	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above the following Addendums submitted with that Statement (insert the number of Addendum forms submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is trucomplete to the best of my knowledge and belief.	e and
(Signature of lobbyist) (Date)	
Molly Maloney	
(Print Name of lobbyist)	